



1644  
24

UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) : Ibert C. Wells  
Serial No. : 10/053,669  
Filing Date : January 24, 2002  
Title : METHOD FOR DETECTING DEFICIENT CELLULAR  
MEMBRANE TIGHTLY BOUND MAGNESIUM FOR DISEASE  
DIAGNOSES  
Group Art Unit : 1644  
Examiner : Szperka, Michael Edward  
Confirmation No. : 1066  
Atty. Docket No. : N1427-0005 (800812-0004)

AMENDMENT AND RESPONSE  
TO RESTRICTION REQUIREMENT

MS AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In response to the Office Action mailed July 16, 2004, please enter the amendments and response  
to restriction requirement contained on the following pages:

Amendments to the claims begin on page 2 of this paper.

Remarks/arguments begin on page 6 of this paper.

08/25/2004 GDUCKETT 00000011 194409 10053669

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**Certificate of Mailing Under 37 C.F.R. 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

Date: August 9, 2004

Signature: Lora Gurley

Printed Name: Lora Gurley

The Director is hereby authorized to charge any additional amount required, or credit any overpayment, to Deposit Account No. 19-4409.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

U 1427-005

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 = *	
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	370

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 24	Minus	** 20	= 4
	Independent	* 3	Minus	*** 3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	72
X84=	
+280=	
TOTAL ADDIT. FEE	72

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.